

Supplemental Application Data Sheet



Application Information

Application number:: **10/736,399**
Filing Date:: **12/15/2003**
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Computer Readable Form (CRF)?:: No
Title:: SYSTEMS AND METHODS FOR
FACILITATING THE FLOW OF CAPITAL
THROUGH THE HOUSING FINANCE
INDUSTRY
Attorney Docket Number:: **037607-0234**
Request for Early Publication?:: No
Request for Non-Publication?:: Yes
Suggested Drawing Figure:: 2
Total Drawing Sheets:: 71
Small Entity?:: No
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David N.

Family Name:: Voth
City of Residence:: Oakton
State or Province of Residence:: Virginia
Country of Residence:: US
Street of mailing address:: 11812 Lyrac Court
City of mailing address:: Oakton
State or Province of mailing address:: VA
Postal or Zip Code of mailing address:: 22124

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Richard N.
Family Name:: Plotnick
City of Residence:: Fairfax
State or Province of Residence:: Virginia
Country of Residence:: US
Street of mailing address:: 9205 Christopher Street
City of mailing address:: Fairfax
State or Province of mailing address:: VA
Postal or Zip Code of mailing address:: 22031

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Peter G.
Family Name:: Kopperman

City of Residence:: Bethesda
State or Province of Maryland
Residence::
Country of Residence:: US
Street of mailing address:: 8006 Greentree Road
City of mailing address:: Bethesda
State or Province of mailing MD
address::
Postal or Zip Code of mailing 20817
address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Caroline R.
Family Name:: Herron
City of Residence:: Washington
State or Province of DC
Residence::
Country of Residence:: US
Street of mailing address:: 4236 Mathewson Drive, NW
City of mailing address:: Washington
State or Province of mailing DC
address::
Postal or Zip Code of mailing 20011
address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: John A.
Family Name:: Derwin
City of Residence:: Washington

State or Province of DC
Residence::
Country of Residence:: US
Street of mailing address:: **3315 Wisconsin Avenue, #805**
City of mailing address:: Washington
State or Province of mailing address:: DC
Postal or Zip Code of mailing address:: 20016

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Sheilah A.
Family Name:: Goodman
City of Residence:: **Kearneysville**
State or Province of **West Virginia**
Residence::
Country of Residence:: US
Street of mailing address:: **8706 Leetown Road**
City of mailing address:: **Kearneysville**
State or Province of mailing address:: **WV**
Postal or Zip Code of mailing address:: **25430**

Applicant Authority Type:: Inventor
Primary Citizenship Country:: **Jamaica**
Status:: Full Capacity
Given Name:: Michelle Y.
Family Name:: Watson
City of Residence:: **Arlington**

State or Province of **Virginia**
Residence::
Country of Residence:: **US**
Street of mailing address:: **5614 8th Street N**
City of mailing address:: **Arlington**
State or Province of mailing **VA**
address::
Postal or Zip Code of mailing **22205**
address::

Applicant Authority Type:: **Inventor**
Primary Citizenship Country:: **US**
Status:: **Full Capacity**
Given Name:: **Laura L.**
Family Name:: **McDonald**
City of Residence:: **Arlington**
State or Province of **Virginia**
Residence::
Country of Residence:: **US**
Street of mailing address:: **709 25th Street South**
City of mailing address:: **Arlington**
State or Province of mailing **VA**
address::
Postal or Zip Code of mailing **22202**
address::

Applicant Authority Type:: **Inventor**
Primary Citizenship Country:: **US**
Status:: **Full Capacity**
Given Name:: **Elizabeth H.**
Family Name:: **Schamber**
City of Residence:: **Heathsville**

State or Province of **Virginia**
Residence::
Country of Residence:: **US**
Street of mailing address:: **457 Ridgeway Drive**
City of mailing address:: **Heathsville**
State or Province of mailing **VA**
address::
Postal or Zip Code of mailing **22473**
address::

Applicant Authority Type:: **Inventor**
Primary Citizenship Country:: **US**
Status:: **Full Capacity**
Given Name:: **Richard J.**
Family Name:: **McGhee**
City of Residence:: **Reston**
State or Province of **Virginia**
Residence::
Country of Residence:: **US**
Street of mailing address:: **1704 Ascot Way**
City of mailing address:: **Reston**
State or Province of mailing **VA**
address::
Postal or Zip Code of mailing **20190**
address::

Correspondence Information

Correspondence Customer Number:: 34099
E-Mail address:: PTOMailMilwaukee@foley.com

Representative Information

Representative Customer Number::	34099	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/488,785	07/21/2003

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name:: Fannie Mae